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Bib Data Sheet

CONFIRMATION NO. 9772

SERIAL NUMBER 09/311,092	FILING DATE 05/13/1999  RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 1004.123101	
APPLICANTS  MICHAEL A. HELGESON, EAGAN, MN;  ** CONTINUING DATA ***** NONE mjh  ** FOREIGN APPLICATIONS ***** NONE mjh  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/07/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____		STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 6
ADDRESS 128 HONEYWELL INTERNATIONAL INC. 101 COLUMBIA ROAD P O BOX 2245 MORRISTOWN , NJ 07962-2245					
TITLE STATE VALIDATION USING BI-DIRECTIONAL WIRELESS LINK					
FILING FEE  RECEIVED 1376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		



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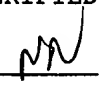
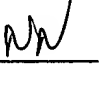
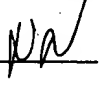


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<b>ADDRESS</b> 128 HONEYWELL INTERNATIONAL INC. 101 COLUMBIA ROAD P O BOX 2245 MORRISTOWN , NJ 07962-2245					
<b>TITLE</b> STATE VALIDATION USING BI-DIRECTIONAL WIRELESS LINK					
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09/311,092	05/13/99	340	2735	1004.123101

APPLICANT	MICHAEL A. HELGESON, EAGAN, MN.
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED 
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED 
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED 
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/07/99	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	IAN D MACKINNON HONEYWELL INC HONEYWELL PLAZA OFC OF GENERAL COUNSEL PO BOX 524 MN12 8251 MINNEAPOLIS MN 55440-0524

TITLE	STATE VALIDATION USING BI-DIRECTIONAL WIRELESS LINK

FILING FEE RECEIVED  \$1,376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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